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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V03005 (8)

1. Corporation Name
SARAN RANCH, INC.

Principal Place of Business

719 W. PINEDALE DR.
STE. #B
PLANT CITY FL 33568
US

Mailing Address

719 W. PINEDALE DR.
STE. #B
PLANT CITY FL 33568
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

TRINKLE, ROBERT S.
121 NORTH COLLINS STREET
PLANT CITY FL 33568

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HAMMER, JOHN M.
STREET ADDRESS 719 WEST PINEDALE DR.
CITY-STATE-ZIP PLANT CITY FL ☒ DELETE

TITLE TD
NAME HAMMER, SARA S.
STREET ADDRESS 719 WEST PINEDALE DR.
CITY-STATE-ZIP PLANT CITY FL ☐ DELETE

TITLE DS
NAME TRINKLE, ROBERT S.
STREET ADDRESS 711 PINEDALE DR.
CITY-STATE-ZIP PLANT CITY FL ☐ DELETE

TITLE PD
NAME HAMMER, JOHN M. J
STREET ADDRESS 1002 S. HARBOUR ISLAND #1605
CITY-STATE-ZIP TAMPA FL ☐ DELETE

TITLE VD
NAME TRINKLE, SARA ANN
STREET ADDRESS 711 PINEDALE DR.
CITY-STATE-ZIP PLANT CITY FL ☐ DELETE

TITLE D
NAME HERMIDA, REMY
STREET ADDRESS 1707 W. REYNOLDS ST.
CITY-STATE-ZIP PLANT CITY FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE PD
4.2 NAME HAMMER, JOHN M., JR.
4.3 STREET ADDRESS 1245 Moorewood Road
4.4 CITY-STATE-ZIP Highlands, NC 28741 ☒ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sara S. Hammer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1998 813-759-2445

CR2E034 (10/97)